



Client No. <b>2036</b>	Client Name <b>OH MATERIALS</b>	Location <b>1002 OSWEB ST UTICA NY</b>	Date <b>6/29/87</b>
Facility Equipment	Detox Clock Weapon No.	Holster Nightstick	Raincoat Flashlight
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Other <b>2 GATE KEYS - LOG BOOK - RADIO</b>	
Officer—Day Shift (Name) <b>Kenneth Felix</b>		Officer—Night Shift (Name) <b>Brady Wallach</b>	
Shift Began <b>8 AM</b> Ended <b>4 PM</b>		Shift Began <b>4 PM</b> Ended <b>12 AM</b>	
Officer—Grave Shift (Name) <b>Dick Horkoski</b>		Shift Began <b>12 AM</b> Ended <b>8 AM</b>	
Observations or actions taken	Yes	No	Explanation
Rounds or stations missed			
Unlocked doors, gates or windows			
Unlocked vaults or safes			
Fire-smoke-or hazards			
1. Extinguishers missing or defective			
2. Sprinkler system defective			
3. Fire doors or exits blocked			
4. Rubbish accumulation			
5. Motors running			
6. Lights left burning			
Injury hazards			
Visitors <b>OHM &amp; EPA people on site</b>			
Trespassing			
Violation of company rules			
Remarks <b>(0810 Logging Hanna truck left 0820 Logging Hanna out) 0850 Dan O'Sullivan on site 0900 O'Sullivan left 0955 Lyle Lurbon propane in 1000 Lurbon propane out 1047 Maurice Fiedler in 1052 Fiedler out 1115 Kenneth Empire truck in 1130 Kenneth Empire out 1245 Jody Smith Brown in 1247 Skip Walker Lurbon in 1251 Lurbon out 1252 Brown out 1331 Lurbon truck in 1338 Lurbon out 1355 Skip Walker in 1405 Lurbon out 1510 Skip Lurbon in 1518 Skip Lurbon out.</b>			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.			
1. Were you injured during this tour?	Day Shift Yes <input type="radio"/> No <input checked="" type="radio"/>	1. Yes <input type="radio"/> No <input checked="" type="radio"/>	2. Yes <input type="radio"/> No <input checked="" type="radio"/>
2. Did you suffer any illness?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Signatures	Day Shift 1. <b>Kenneth Felix</b> 2. <b>on site 8:50 AM (0900) Lyle</b>	Swing Shift 1. <b>Brady Wallach</b> 2. 3. 3. 3.	Grave Shift 1. <b>Dick Horkoski</b> 2. 3. 3.

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